

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1950

Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

August 1st 1887
Matthew Smothers

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years,

Months,

Days.

Calorie

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cemetery Evergreen

Date of Burial, August 3rd 1887

Undertaker, W. H. Madsen

Place of Business, 44 E. Calvert St.

415 shirt

Malariae Poisoning

Cerebral Meningitis

12 days

J. G. Lloyd

M. D.

Medical Attendant.

44 E. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A Office of Registrar of Vital Statistics. Ward 95

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. D

Date of Death,

Aug. 31 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jno. G. Carter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, Months, Days.

Color, Nht.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Saloon Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Md.

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

No. 225 E. Fayette St.

Cause of Death, { First (Primary), Second (Immediate). }

Aphoplexy (Cerebral)

Duration of Last Sickness,

3/4 hour.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem

Date of Burial, Aug 3rd 1887

{ Undertaker, C. F. Krause & Son Alexander Hill, M. D. Medical Attendant.

{ Place of Business, 703 Hanover Address, 223 N. Calvert.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1952

Office of Registrar of Vital Statistics.

Ward

13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 2nd 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas Sohl

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 39

Years, —

Months, —

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

18 years

Place of Death, { Give Street and Number. }

112 S. Eager St.

Phthisis Pulmonalis.

Cause of Death, { First (Primary),

Asthma

Second (Immediate),

Duration of Last Sickness,

13 mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 4th 1887

Undertaker, Geo Lemire

M. D.

Medical Attendant.

Place of Business, 647 W Pratt St

Address, 3111 S Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

1953 Office of Registrar of Vital Statistics. Ward 8

Permit No.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH

Date of Death,

August 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Landigan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 20 Years,

4 Months
2 Weeks

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

House
Balt. Av. Rd

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

18 years.

Place of Death, { Give Street and Number. }

1021 Berard Place

Cause of Death, { First (Primary),
Second (Immediate), }

Dysentery & Heat.
Apollepsy
of lungs. ✓

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Edward P. M. D.

Date of Burial, Aug. 3rd 1887

Medical Attendant.

Undertaker, W. Mears

Place of Business, 413 E. Fayette St

Address, 208 Argyle with 2d

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1954 Office of Registrar of Vital Statistics.

Ward 4¹/₄

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death, August 1, 1867

Full Name of Deceased, Margaret Atwell
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Cross out the word not required in this line.

Age, 37 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, None

Birth Place, Ireland
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, 550 E. Lombard St

Cause of Death, Consumption
 First (Primary),
 Second (Immediate), exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Aug 3

Undertaker, J. B. Cook

Place of Business, 1003 W. Baltimore

M. Worfield M. D.
Medical Attendant.

Address, Balt Genl Disp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1955 Office of Registrar of Vital Statistics. Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 2, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Elizabeth Fennall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 8 Months, Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1609 Fells Point

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 3rd

Undertaker, M. D.

M. D.,

Medical Attendant.

Place of Business, 330 S. Bond

Address, M. D. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1956 Office of Registrar of Vital Statistics. Ward 12⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

August 2^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1828 Etting St. Baltimore Md

Duration of Residence in the City of Baltimore, 11 days

Place of Death, { Give Street and Number. } 1828 Etting St.

Cause of Death, { First (Primary), Second (Immediate), } Inanition. ✓

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Aug 3^d 1887

Undertaker, Wm Hensley

Place of Business, 561 Orchard St Address, 1434 Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

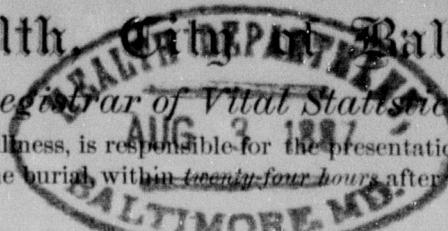
[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,
Permit No. A 1957 Office of Registrar of Vital Statistics. Ward 8⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Aug 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Patience Nash

Sex, ~~Male~~ or Female, { Cross out the word not required in this line.

Age, 88 Years, Months, Days.

Color, colored

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line.

Occupation,

Dorchester Co. Md

Birthplace, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *40 years*

Place of Death, { Give street and number.

1105 Little Tyson St.

Cause of death, { First, (Primary),
Second, (Immediate),

Dysentery

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Shark St

Date of Burial,

Aug 3rd 1887

SchoBroke Brdg

M. D.

Medical Attendant.

Undertaker,

Rich Heusler

Place of Business,

561 Ulmer St

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

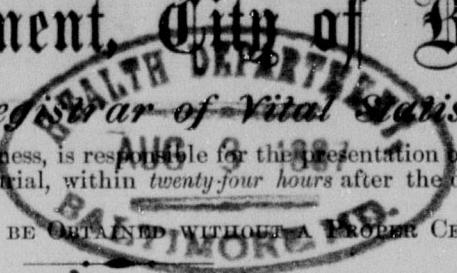
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-1958 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, August 2. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Albert Henson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 4 Months, 13 Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, X X X X

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 4 mo & 13 days

Place of Death, { Give Street and Number. } 139.5 Dallas

Cause of Death, { First (Primary), Marasmus. Second (Immediate), Asthma. }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 3. 1887

{ Undertaker, John E. Grace

{ Place of Business, 313-5 Caroline St

Wm. F. Morris M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

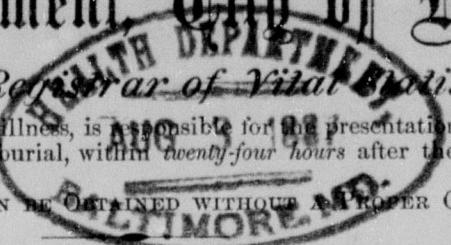
Permit No. A 1959

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Gape

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 6 Months, - Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } Rantreed whf - spring gardens

Cause of Death, { First (Primary), Second (Immediate), } Drowning Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Augt 3

J. J. Flannery

M. D.

{ Undertaker, B. Garle

Coroner

Medical Attendant.

{ Place of Business, 115 West St

Address, 701 Dr. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]